

Nevada Incentive Payment Program For Electronic Health Records

MEDICAID

State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy



Objectives

- To promote an understanding of the Medicaid Electronic Health Record (EHR) Incentive Program
- To determine eligibility criteria
- To understand program participation criteria
- To learn how to navigate through the Centers for Medicare & Medicaid Services (CMS) Registration page
- Questions and Answers



Overview

- The American Recovery and Reinvestment Act (ARRA) of 2009 included as much as \$27 billion to be expended over 10 years to support the adoption of electronic health records (EHRs).
- Enacted as part of ARRA, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) supports the adoption of EHRs by providing financial incentives under Medicare and Medicaid to hospitals and eligible professionals who adopt, implement, upgrade and demonstrate “meaningful use” of certified EHR technology.

Why Electronic Health Records?

- **EHRs** support complete, accurate and searchable health information, available at the point of diagnosis and care, allowing for more informed decision-making to enhance the quality and reliability of health care.
- **EHRs** support more-efficient and convenient delivery of care, without having to wait for the exchange of records or paperwork and without requiring unnecessary or repetitive tests or procedures.
- **EHRs** support earlier diagnosis and characterization of disease, with the potential to improve health outcomes and reduce costs.

Why EHRs? - continued

- **EHRs** support reductions in adverse events through an improved understanding of each patient's particular medical history. For example, identification of a patient's potential for drug/drug interactions through the use of an EHR could decrease the likelihood of a potentially harmful response to a course of treatment.
- **EHRs** support increased efficiency in administrative tasks, allowing for more interaction with and transfer of information to patients, caregivers and clinical care coordinators. They also improve the monitoring of patient care.

Program Eligibility

Eligible Professionals (EPs) under the Medicaid program include:

- Physicians, i.e., doctors of medicine (MDs) and doctors of osteopathy (ODs);
- Dentists;
- Certified nurse midwives;
- Nurse practitioners; and
- Physician assistants who practice predominantly at a Federally Qualified Health Center, Rural Health Clinic or Indian Health Programs Clinic that is also led by a physician assistant.

Program Eligibility - continued

To qualify for participation in the Medicaid EHR Incentive Program, an eligible professional must also meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and be a pediatrician

EPs must waive rights to Medicare Incentive Payments in order to receive Medicaid Incentive Payments.

EPs can receive Medicaid Incentive Payments from only one state per year.

Program Eligibility - continued

Eligible Hospitals (EHs) under the Medicaid program include:

- Acute Care Hospitals with at least 10% Medicaid patient volume; these may include Critical Access Hospitals (CAHs) and cancer hospitals.
- Children's hospitals.

Program Eligibility - continued

To qualify for participation in the Medicaid EHR Incentive Program, an EH must also meet the following criteria:

- Have an average length of patient stay of 25 days or fewer.
- Have a CMS Certification Number (CCN) that has the last four digits in the series 0001-0879 or 1300-1399.
- Meet a 10 percent Medicaid patient volume threshold. There is no Medicaid patient volume requirement for children's hospitals.

Program Eligibility - continued

Hospital-based EPs are excluded from receiving incentive payments:

- If 90% or more of an EP's services take place at a setting of “inpatient hospital” or “emergency room,” the EP is not eligible for the incentive payments.



Program Incentives

- Eligible professionals incentives:
 - Up to \$63,750 over the six years
 - First year payment of \$21,250
 - Must begin by 2016 to receive all payments
- Eligible hospitals incentives:
 - Based on volume
- Incentives available through 2021



Maximum Incentive Payments per Professional		
Payment Year	Adoption Year	
	30% Professional	20% Pediatrician
Year 1	\$21,250	\$14,167
Year 2	\$8,500	\$5,667
Year 3	\$8,500	\$5,667
Year 4	\$8,500	\$5,667
Year 5	\$8,500	\$5,666
Year 6 (up to 2021)	\$8,500	\$5,666
Total	\$63,750	\$42,500

Applying for Incentive Payments

How to apply:

- Must apply online and be approved through the Medicare & Medicaid EHR Incentive Program Registration and Attestation System before State application can proceed
 - <https://ehrincentives.cms.gov/hitech/login.action>
- Must apply through the Nevada State Level Process

Application Requirements

- National Provider Identifier (NPI)
- Tax Identification Number (TIN) or Social Security Number
- NPI and TIN of payee if assigning incentive payment to a group practice
- Professional License number
- Issuing state of professional license
- Licensing Board name



Application Requirements - continued

- AIU – Copy of Contract, Invoice or Purchase Order
- 30% Medicaid patient volume for 90-day reporting period
- Medicaid encounters from other states if using to calculate the 30% patient volume
- Medically Needy patient encounters for IHP/RHC/FQHC or Indian health professionals
- Contact person name, phone number and valid email address



CMS Registration


<https://ehrincentives.cms.gov/hitech/login.action>




About This Site

The Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs will provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.

This web system is for the Medicare and Medicaid EHR Incentive Programs. Those wanting to take part in the program will use this system to register and participate in the program.

Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit [CMS website](#) .

Eligible to Participate - There are two types of groups who can participate in the programs. For detailed information, visit [CMS website](#) .

CMS Registration - continued

Overview of Eligible Professional (EP) and Eligible Hospital Types

Eligible Professionals (EPs)

Medicare EPs include:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

Medicare Advantage Organization (MAO) EPs - A qualifying MAO may receive an incentive payment for their EPs. For more information, visit [CMS website](#).

NOTE: EPs may NOT be hospital-based. This is defined as any provider who furnishes 90% or more of their services in a hospital setting (inpatient or emergency room).

Medicaid EPs include:

- Physicians
- Nurse Practitioners
- Certified Nurse - Midwife
- Dentists
- Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) that is led by a Physician Assistant

Further, Medicaid EPs must also:

- Have a minimum of 30% Medicaid patient volume (20% minimum for pediatricians), OR
- Practice predominantly in a FQHC or RHC and have at least 30% patient volume to needy individuals

Eligible Hospitals

Medicare Eligible Hospitals include:

- Subsection (d) hospitals in the 50 states or DC that are paid under the hospital inpatient prospective payment system. Hospitals in Maryland may also participate per law.
- Critical Access Hospitals (CAHs)
- Medicare Advantage Affiliated hospitals (MA-Affiliated Hospitals)

Medicaid Eligible Hospitals include:

- Acute Care Hospitals with at least 10% Medicaid patient volume. May include CAHs and cancer hospitals.
- Children's Hospitals



Continue

Web Policies & Important Links

Department of Health & Human Services

CMS

Secured Provider Portal

<http://www.medicaid.nv.gov/hcp/provider/Home>

Provider

Welcome

Name

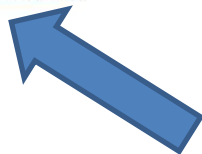
Provider ID

Location ID

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)



Broadcast Messages

Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

New! Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)



[Contact Us](#)



[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042





Meaningful Use (MU)

Three stages of Meaningful Use:

- Stage I
- Stage II
- Stage III

Goals of Meaningful Use:

- Engage patients and families in their health care
- Improve quality of care
- Improve care coordination
- Improve population and public health
- Maintaining privacy and security

MU Stage 1 vs. MU Stage 2

Throughout the program, EPs must demonstrate increasing levels of meaningful use.

– **Eligible Professionals must complete:**

- 14 core objectives
- 5 objectives out of 10 menu set objectives
- Total of 19 objectives

– **Eligible Professionals must complete:**

- 17 core objectives
- 3 objectives out of 6 menu set objectives
- Total of 20 objectives

MU Stage 1 vs. MU Stage 2

Throughout the program, EHs must demonstrate increasing levels of meaningful use.

– **Eligible Hospitals must complete:**

- 13 core objectives
- 5 objectives out of 10 from menu set
- Total of 18 objectives

– **Eligible Hospitals must complete:**

- 16 core objectives
- 3 objectives out of 6 from menu set
- Total of 19 objectives

Program Participation Timeline

- Adopt, Implement or Upgrade (AIU) or 90 days Meaningful Use (MU)
- Stage 1 90 Days MU
- Stage 1 365 Days MU
- Stage 2 365 Days MU
- Stage 2 365 Days MU
- Stage 3 365 Days MU

Note: Year 2014 MU requirement is 90 days

Program Statistics

- System/Program Implementation 8/6/2012
- EHs Paid
 - 23
- EPs Paid
 - 231
- Total Dollars Paid YTD
 - \$20,333,354.87



EHR Program Information and Contacts

DHHS - Division of Health Care Financing and Policy

<http://dhcfp.nv.gov/EHRIncentives.htm>

Davor.Milicevic@dhcfp.nv.gov

Tel: 775-684-3733

CGI Business Services

NEIPS.us.ipod@cgi.com

Tel: 888-639-3452

CMS EHR Information Center

<http://cms.gov/Regulations-and-Guidance/Legislation/>

EHRIncentive Programs

Tel: 888-734-6433

Regional Extension Center *HealthInsight*

<http://www.healthinsight.org>

Tel: 702-385-9933



Questions?



Thank you for your attention

